


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90027 004 \*\*\*158.75

<b>DOCUMENT # 832955</b>	
<b>1. Entity Name</b> <b>PACIFICARE LIFE AND HEALTH INSURANCE COMPANY</b>	

<b>Principal Place of Business</b> 5995 PLAZA DRIVE MAILSTOP CY20-167 CYPRESS, CA 90630	<b>Mailing Address</b> PO BOX 25032 SANTA ANA, CA 92799-5032 US
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**50006948**



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062005    Chg-P    CR2E034 (10/03)

<b>4. FEI Number</b> 35-1137395	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)    **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	o
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CYMERYS, EDWARD			NAME	Michael Montevideo		
STREET ADDRESS	1700 VALLEY VIEW ST.			STREET ADDRESS	3120 Lake Center Drive		
CITY-STATE-ZIP	CYPRESS, CA 90630			CITY-STATE-ZIP	Santa Ana, CA 92704		
TITLE	DCFO	<input type="checkbox"/> Delete		TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KARKENNY, CHRISTOPHER			NAME	John Burch		
STREET ADDRESS	5995 PLAZA DRIVE			STREET ADDRESS	5995 Plaza Drive		
CITY-STATE-ZIP	CYPRESS, CA 90630			CITY-STATE-ZIP	Cypress, CA 90630		
TITLE	S	<input type="checkbox"/> Delete		TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KONOWIECKI, JOSEPH S			NAME	Bharat V. Patel		
STREET ADDRESS	5995 PLAZA DRIVE			STREET ADDRESS	3120 LAKE CENTER DRIVE		
CITY-STATE-ZIP	CYPRESS, CA 90630			CITY-STATE-ZIP	SANTA ANA, CA 92704		
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWLUS, BRADFORD A			NAME			
STREET ADDRESS	5995 PLAZA DRIVE			STREET ADDRESS			
CITY-STATE-ZIP	CYPRESS, CA 90630			CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, RONALD M			NAME			
STREET ADDRESS	5995 PLAZA DRIVE			STREET ADDRESS			
CITY-STATE-ZIP	CYPRESS, CA 90630			CITY-STATE-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANSEN, MICHAEL E			NAME			
STREET ADDRESS	5995 PLAZA DRIVE			STREET ADDRESS			
CITY-STATE-ZIP	CYPRESS, CA 90630			CITY-STATE-ZIP			

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**     **1/6/05    (714) 226-3821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

50006948  
ATTACHMENT  
#832955

**PacifiCare Life and Health Insurance Company ("PLHIC")**

(an Indiana corporation)

(owned 99% by PHPA, 1% by PHS)

Board of Directors

Bradford A. Bowlus 5995 Plaza Drive Cypress, CA 90630	Director
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Ronald M. Davis 5995 Plaza Drive Cypress, CA 90630	Director
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Christopher A. Karkenny 5995 Plaza Drive Cypress, CA 90630	Director
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Edward C. Cymerys 10700 Valley View Street Cypress, CA 90630	Director
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John David Hoover 111 Monument Circle, Suite 4400 Indianapolis, IN 46204	Director
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Officers

Bradford A. Bowlus 5995 Plaza Drive Cypress, CA 90630	Chairman of the Board
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Edward C. Cymerys 10700 Valley View Street Cypress, CA 90630	President
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Christopher A. Karkenny 5995 Plaza Drive Cypress, CA 90630	CFO
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Michael A. Montevideo 3120 Lake Center Drive Santa Ana, CA 92704	Treasurer
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**PacifiCare Life and Health Insurance Company ("PLHIC")**

(an Indiana corporation)

(owned 99% by PHPA, 1% by PHS)

Joseph S. Konowiecki  
5995 Plaza Drive  
Cypress, CA 90630

Secretary

Michael E. Jansen  
5995 Plaza Drive  
Cypress, CA 90630

Assistant Secretary

John Burch  
5995 Plaza Drive  
Cypress, CA 90630

Assistant Treasurer

Bharat V. Patel  
3120 Lake Center Drive  
Santa Ana, CA 92704

Assistant Treasurer